


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # 707456 1. Entity Name RIDGEVIEW BAPTIST CHURCH OF GAINESVILLE, FLORIDA, INC. | | | |  | |
| Principal Place of Business 3508 N W 19 STREET GAINESVILLE FL 32605 | | | | Mailing Address 3508 N W 19 STREET GAINESVILLE FL 32605 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROBERTS, GLENN 5331 NW 4TH PLACE P O BOX 2543 GAINESVILLE FL 32602 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | RILEY, JAMES | | NAME | | |
| STREET ADDRESS | 1520 SE 25TH AVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32641 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | SCHOL, HENRY L | | NAME | | |
| STREET ADDRESS | 7712 NE 62ND WAY | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32609 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ROBERTS, GLENN | | NAME | | |
| STREET ADDRESS | 5331 NW 4TH PL/ P.O. BOX 2543 | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32602 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GRANT, AL | | NAME | | |
| STREET ADDRESS | 3146 N.W. 47TH PL | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32609 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ADDISON, AL | | NAME | | |
| STREET ADDRESS | 2045 NW 36TH AVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32605 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ROBERTS, DREXEL | | NAME | | |
| STREET ADDRESS | 3300 NW 26TH AVE. | | STREET ADDRESS | | |
| CITY- ST- ZIP | GAINESVILLE FL 32605 | | CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Roberts Glenn Roberts 2/27/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #